

RR-1
ISSUE SLIP STATE AREA (for additional cross-references)

| POSITION | NAME | ID NO. | DATE |
|---------------------------|------|--------|---------|
| FEE DETERMINATION | | 32 | 3/2 |
| O.I.P.E. CLASSIFIER | | 706 | 2/13/01 |
| FORMALITY REVIEW | EL | 1097 | 6/20/01 |
| RESPONSE FORMALITY REVIEW | SG | | |

INDEX OF CLAIMS

✓ _____ Rejected
 + _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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